

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

191087

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	1					
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS	6					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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